

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038780

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5531

STATE FILE NUMBER

FILED NOV 9 1962

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>MONTROSE</u>	
Length of stay in lb <u>23 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>V A HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>RR # 3</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>DENNIS</u> Middle <u>LAWRENCE</u> Last <u>KALWEI</u>			4. DATE OF DEATH Month <u>October</u> Day <u>29</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>4-9-26</u>	9. AGE (last birthday) <u>36</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Montrose, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry B. Kalwei</u>		13b. MOTHER'S MAIDEN NAME <u>Salome Schuler</u>	
14. NAME OF HUSBAND OR WIFE <u>Leo Kalwei 2915 Monoca, K.C. Mo.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO. <u>VA Hospital Official Records, K.C. Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Peritonitis and abdominal abscesses</u>		
DUE TO (b) <u>Post-operative status, small bowel resection for gangrene</u>		
DUE TO (c) <u>Thrombosis of superior mesenteric artery</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u>9:05</u> a.m. p.m. Month, Day, Year <u>Oct. 6, 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Montrose</u>	
20g. COUNTY <u>Henry</u>		20h. STATE <u>Missouri</u>

21. VA attended the deceased from <u>Oct. 6, 1962</u> to <u>October 29, 1962</u>	Death occurred at <u>9:05</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>R. H. Owings, M.D.</u>	22b. ADDRESS <u>VA Hospital, Kansas City, Mo.</u>	22c. DATE SIGNED <u>10-29-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 31-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>German Town Cem</u>	23d. LOCATION (City, town, or county) <u>Montrose</u>	23e. STATE <u>MO</u>
24. FUNERAL DIRECTOR <u>Sickman-Dunning Clinton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10-31-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert L. Dunning

Licensed Embalmer No. 4310

P. O. Address Clinch, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.